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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Neal W. Meyer, et al.

Examiner: Toniac M. Thomas

Serial No.:

10/718,137

Group Art Unit: 2822

Filed:

November 20, 2003

Docket No.: 10017494-1

Title:

Storage Structure with Cleaved Layer

AMENDMENT AND RESPONSE ·

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

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In response to the Office Action mailed on December 20, 2004, please enter the following amendments and consider the following remarks.

Amendments to the Claims begin on page 2.

Remarks begin on page 7.

AUTHORIZATION TO DEBIT ACCOUNT

It is believed that no extensions of time or fees are required, beyond those that may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby potitioned under 37 C.F.R. § 1.136(a), and any fees required (including fees for net addition of claims) are hereby authorized to be charged to Hewlett-Packard Development Company's deposit account no. 08-2025.

93/23/2005 DSHALLS 09890908 982025

10718137

01 FC:1861

468.23 DA

02 FC:1202

300.09 DA

PAGE 4/12 * RCVD AT 3/16/2005 12:15:26 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/3 * DNIS:8729306 * CSID:281 5/4 7/37 * DURATION (mm-cs):03-16

Scrial No.: 10/718,137 Response to OA of 12/20/04

CONCLUSION

In view of the above, Applicants believe all pending claims are in condition for allowance. Allowance of these claims is respectfully requested.

Any inquiry regarding this Amendment and Response should be directed to Philip S. Lyren at Telephone No. (281) 514-8236, Facsimile No. (281) 514-8332. In addition, all correspondence should continue to be directed to the following address:

Hewlett-Packard Company Intellectual Property Administration P.O. Box 272400 Fort Collins, Colorado 80527-2400

Respectfully submitted,

Philip S. Lyren Reg. No. 40,709 Ph: 281-514-8236

CERTIFICATE UNDER 37 C.F.R. 1.8

The undersigned hereby certifies that this paper or papers, as described herein, is being transmitted to the United States Patent and Trademark Office facsimile number 703-872-9306 on this day of March, 2005.

Name: Be Henry

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10718137

. CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			28.					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			£8 minus 20=		• 8			X\$ 9=		OR	X\$18=	144	
INDEPENDENT CLAIMS			minus 3 =		2			X43=		OR	X86=	17200	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter					"0" in c	column 2	Ŀ	TOTAL		OR	TOTAL	1086	
(amat CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL I	ENTITY	OR	OTHER SMALL		
AMENDMENT A	3-16-05	CLAIMS REMAINING . AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 34	Minus	** 2	8	= 6		X\$ 9=		OR	50/b X818=	300 M	
AME	Independent	* 7	Minus	SENDENT	CLAIM	<u> </u>		X43=		OR	2000	400 B	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	700,00	
		(Column 1)		(Colum	n 2)	(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	±	Minus	***		-	Г	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	LIPLE DEP	ENDENT	CLAIM			145=	_	OR	+290=		
					.;		AD	TOTAL DIT: FEE		OR ,	TOTAL ADDIT, FEE		
		(Column 1)		(Colum		(Column 3)						·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUMB PREVIOL PAID F	ER JSLY	PRESENT EXTRA	F		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	,	(\$ 9=		OR	X\$18=		
	Independent		Minus	***		-		(43=		ا ہ	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
	the entry in arti-	no 1 io loca than the	ontorió cotro	nn O saibe t	0" in!	2		145= TOTAL		OR	+290=		
** 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
		mber Previously Pai ber Previously Paid					found	in the appr	opriate box				